

2009**Quarterly Resident and Nonresident
Withholding Statement****592**☐ Amended

FTB Use Only: Total Payment Enclosed: _____ .00

Payment Due Date: ☐ April 15, 2009 ☐ June 15, 2009 ☐ September 15, 2009 ☐ January 15, 2010**Part I Withholding Agent**

Name of Withholding Agent (Payer)		SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)		FEIN or CA Corp no.
City	State	ZIP Code

Total Number of Payees Included	Total California Source Income Subject to Withholding _____ .00
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Part II Type of IncomeCheck one type only. ☒**A** ☐ Payment to Independent Contractor**D** ☐ Rents or Royalties**F** ☐ Estate Distributions**B** ☐ Payment to Independent Contractor**E** ☐ Distributions to Domestic Nonresident**G** ☐ Other _____Partners/Members/Beneficiaries/
S Corporation Shareholders**C** ☐ Trust Distributions

1 Total Tax Withheld (Side 1)	1 _____	.00
2 Total Tax Withheld (Side 2 and any additional pages)	2 _____	.00
3 Add line 1 and line 2. This is the total Tax Withheld	3 _____	.00
4 Enter amounts of prior payments not previously distributed.	4 _____	.00
5 Enter amount withheld by another entity and being distributed.	5 _____	.00
6 Add line 4 and line 5	6 _____	.00
7 Total Withholding Amount Due. Subtract line 6 from line 3.	7 _____	.00

Schedule of Payees

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

Part III Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.

Withholding Agent's name _____ Withholding Agent's daytime phone number (____) _____

Withholding Agent's signature _____

Preparer's name _____ Preparer's signature _____

Preparer's address _____

Preparer's SSN/PTIN _____ Preparer's phone daytime phone number (____) _____

Quarterly Nonresident Withholding Statement

Name of Withholding Agent (Payer)

SSN/ITIN, FEIN, or CA Corp no.

Schedule of Payees

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

ID Number	ID Type	Total Income	Amount of Tax Withheld
	<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.		
Name			
Address (including suite, room, PO Box, or PMB no.)			

Total Tax Withheld this page 00